Space Allocation and Alteration Request Form

You must complete this form to request a change in physical space or a change in how space is allocated on the ASU campus. Send your completed form to the Director of Business Services (c/o Dept. of Special Events). For questions on terminology or the form in general, visit the Facilities Inventory Web site or call 325-486-6111. The requestor must receive written approval from the Space Planning Coordinator prior to proceeding with any changes.

**CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Requesting Department:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

**DESCRIPTION OF SPACE NEED**

A. What best describes your space need? (Check all that apply.)

- [ ] Change of Space Function
- [ ] College Level Change
- [ ] Department Level Change
- [ ] Request for Space in New Construction
- [ ] Improvements of Space
- [ ] Request for Additional Space
- [ ] Discrepancies in Current Space Data
- [ ] Vacate/Departure of Space (Please provide building/room #’s)

B. What will you use the space for (check all that apply)?

- [ ] Instruction
- [ ] Research
- [ ] Administration
- [ ] Office Facilities
- [ ] Food Services
- [ ] Student Study
- [ ] Storage
- [ ] Athletics
- [ ] Residential/living
- [ ] Other (Please explain: __________)

C. Who will use the space (check all that apply)?

- [ ] Faculty
- [ ] Staff
- [ ] Resident Assistants
- [ ] Visitors of ASU
- [ ] Teaching Assistants
- [ ] Students
- [ ] Custodians
- [ ] Other (Please explain: __________)

D. Have you identified a suitable location for this space allocation change or alteration?

- [ ] Yes
- [ ] No

E. If yes, please describe using building/room #’s (If no, please proceed to line “I”):

F. Are your dean (or VP) and Department Space Representative aware of these changes?

- [ ] Yes
- [ ] No

G. Do they support the concept?

- [ ] Yes
- [ ] No

If yes, who?

H. Will there need to be remodeling or enhancements to accommodate your proposed use (improvement of space)?

- [ ] Yes (fill out questions 1-2 below)
- [ ] No (skip to line “I”)

1. Have you filled out a Building Modification Form (from Facilities Planning and Construction)?
   - [ ] Yes
   - [ ] No

2. Please briefly describe these changes (If more space is needed, you may attach additional pages):

I. Do you have funding available to commit to alterations/relocation?

- [ ] Yes
- [ ] No
- [ ] N/A

J. Please briefly describe how the space will be used as well as why new/additional space is needed:

K. Date Needed: ________________________________

L. Length of time needed: __________________________

**REQUEST AUTHORIZATION SIGNATURES**

<table>
<thead>
<tr>
<th>Department Head:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean/Director/VP:</td>
<td>Date:</td>
</tr>
<tr>
<td>Director of Business Services:</td>
<td>Date:</td>
</tr>
<tr>
<td>Space Planning Coordinator:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**SPACE PLANNING AND UTILIZATION ONLY:**

Notes:

- [ ] Accepted
- [ ] Denied